

* for Asia, \$6.42 million plus \$4.5 million commodity assistance to continue the long-running and largely successful program, with other donors, in Bangladesh;

* for Africa and the Middle East, \$2.45 million, for modest activities in Eritrea, Tanzania, Egypt and Southern Africa (none in Francophone countries);

* for the Americas, nil (in 1995-6 there had been a small (\$475 thousand) programme in Haïti; our total aid programme there is some \$47 million).

The *balance* of effort—as distinct from its *level*—seems about right, with important exceptions:

(a) it would be desirable to restore the original level of our IPPF contribution because of the high quality of its grass-roots work and its usefulness in guiding and coordinating the work of Canadian and other family planning NGOs working abroad;

(b) we should place much more emphasis on Africa, where the population problem is greatest, and where *Canada in the World* says we will be addressing population growth as one of three principal themes (see above);

(c) A special effort should be made in Francophone Africa, since:

—population issues are particularly acute in most of these countries (see pages 3 and 29);

—it is a key area of foreign policy interest and aid concentration for Canada (we helped Rwanda and Burundi generously for years, but spent not a cent on population there);

— other Francophone developed countries, notably France, have negligible population assistance programs, leaving Canada as the only serious potential partner in the field, apart from USAID.

In addition, the points made in an earlier section of this paper on “Issues for the Future” (see page 30) merit attention by CIDA experts.

It is important that CIDA should do more, and soon, to ensure the presence of senior population experts in its various branches. Otherwise programming will be ineffective.

Other Population Activity

The International Development Research Centre (IDRC) still has a clock in its front hall showing the relentless rise of world population minute by minute, but it dropped most of its population research programming in the early 1990s. For a time it continued (in the face of criticism from some women’s groups) a small project aiding contraceptive vaccine research in India, but this is now finished, and its overall health sector has been contracted.³ One might hope that a prestigious organisation such as the Centre would be involved at least minimally in population as a key, if complex, element in development. It is strongly suggested that the IDRC’s new leadership take another look at the possibility of finding a suitable research niche on population which the Centre could fill, perhaps drawing on some of the research